Introductory remarks on the methodology for prioritization of common health research between EU and LAC

Notas preliminares sobre la metodología para la priorización de la investigación común en salud entre UE y ALC

1st Scenario Building Workshop

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Carlos Segovia/ 22.10.12/ Buenos Aires

EU-LAC HEALTH is co-funded by the European Community's Seventh Framework Programme (FP7/2007-2013) under grant agreement n° 281459.

Prioritization: where to begin

Begin by defining a prioritization method

Everything from here to be discussed

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Prioritization: what is it

Prioritization:

an exercise to get a decision on what to do, implying to a certain extent:

- *Compared* expected cost / result ratio for different programmes
- A ranking list, lowest ratio = better
- A threshold to decide what is done and what not
  - ⇨ Assumes not enough resources for all possibilities

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Prioritization: how to do it

1st define the programmes

What to do in research is defining:

- a health problem to be addressed
- a point in the research continuum (type of research)

  basic research – tools – devices – drugs – treatments – services

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2nd estimate expected added costs and results of each programme

RESEARCH PROGRAMME	COSTS (as investment, resources consumed)	RESULTS (types of measures of gains)*
Health problem Point in research continuum	Human resources Infrastructures Equipment	Monetary value Common units of output Quality adjusted life years Intangible or not measurable (values)

*Results measurement: depending on best estimation available ("*expected*")

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What to analyse to estimate results

RESULTS	Estimate expected results	Corrected by EU-LAC cooperation
Monetary value (cost / benefit)	• Given available resources, probability of lowering costs of diagnosis, treatment, management, services (pLC)	• Added productivity by complementing each other, achieving critical mass, exploring new or neglected areas (AP)
Common units of output (cost / effectiveness)	• Given available resources, probability of obtaining and up-taking of: Nº new or more effective diagnostic tools, treatment options, procedures (pNew) • Law of diminishing returns to investment (pDR)	
Quality adjusted life years (cost / utility)	• Burden of disease (BD) Nº of people affected Severity of health problem	• Common interest (CI)
Intangibles		

Expected results: pLC x pNEW x BD x AP x CI / pDR

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What information is needed to prioritize

- The definition of alternative research programmes

  1 Health problem 2 Type of research

- Estimate added costs for each programme and availability in EU and LAC

  3 Human resources 4 Infrastructures 5 Equipment

- Estimate expected results

  6 Probability of lowering costs of tools, devices, drugs, procedures, services

  7 Probability obtaining and up-taking new tools, devices, drugs, procedures, services which add quality adjusted life expectancy

  8 Correct previous two considering how unexplored is the field

  9 Correct previous two by EU-LAC cooperation

  10 Burden of disease in EU and LAC

  11 Intangibles, values common for EU-LAC

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Prioritization: so just try your best

What to analyse to prioritize

Only 11 pieces of information

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Most have to be guessed or estimated

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Ask experts to make estimations

&

Let decision makers decide with a consensus building procedure

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Prioritization: so just try your best

What is the prioritization method we EU-LAC Health want to recommend?

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